STATE OF WISCONSIN, CIRCUIT CO	URT,		COUNTY	For Official Use
Plaintiff(s) (Name and Address):	dress): Summons and Small (aint -	
-VS-	Case No		_	
Defendant(s) (Name and Address): TO:	Replevin	er Dollar Limit 31001 31003 31004 ation Award 31006	because o	d help in this matter f a disability, please call
	SUMMON	S		
To the Defendant(s):			When	to Appear
You are being sued as described below	v. If you wish to dispute t	his matter: Date		Time
1. You must appear at the time and	place stated; or,			
2. You may file a written answer on or before the date and time stated.			Place	to Appear
(A duplicate copy must be provide		.)		
To be completed by the court:				
☐ If this box is checked, in addition to filing a written answer,				
you must also personally ap				
If you do not appear or answer, a judgm	nent may be granted to tr	ie plaintiff.		
Clerk/Attorney Signature	Date of Summons Issued		Date	Summons Mailed
	00404			
Plaintiff's Demand:	COMPLAII	N I		
The plaintiff states the following claim a 1. Plaintiff demands judgment for: Money \$ Confirmation, vacation, mod Plus interest, costs, attorney fees, if	(Check as appropriate)	(Not to include §425.20 arbitration award.	05, Stats. action	property in 2. below) as to recover collateral.)
Brief statement of dates and				nev damages, vou
must also state that claim on th				
☐ Mark box if additional	information is attached.	Provide copy of atta	chments for	court and defendant(s)
Signature of Plaintiff/Attorney	Date	Law Firm and Address		
Plaintiff's/Attorney's Telephone Number	Attorney's State Bar Number	_		
Subscribed and sworn to before me	Verification: Under oat	h, I state that the above of	complaint is true	e, except as those matters
on	stated upon information an			
Notary Public/Court Official				
•	Cimpature of Disintiff/Attorner			
My commission expires:	Signature of Plaintiff/Attorney			